## UNITED STATES DISTRICT COURT

|                                                     | DISTRICT OF  |            |            |  |
|-----------------------------------------------------|--------------|------------|------------|--|
|                                                     |              | APPEARANCE |            |  |
|                                                     | Case         | e Number:  |            |  |
|                                                     |              |            |            |  |
| To the Clerk of this court and all parties of recor | rd:          |            |            |  |
| Enter my appearance as counsel in this c            | ase for      |            |            |  |
|                                                     |              |            |            |  |
|                                                     |              |            |            |  |
|                                                     |              |            |            |  |
| I certify that I am admitted to practice in         | this court.  |            |            |  |
|                                                     |              |            |            |  |
|                                                     |              |            |            |  |
|                                                     |              |            |            |  |
|                                                     |              |            |            |  |
|                                                     |              |            |            |  |
| Date                                                | Signature    |            |            |  |
|                                                     | Print Name   |            | Bar Number |  |
|                                                     | Address      |            |            |  |
|                                                     | City         | State      | Zip Code   |  |
|                                                     | Phone Number |            | Fax Number |  |